



SASK SPORT

**SASKATCHEWAN PROGRAM FOR ATHLETIC
EXCELLENCE
APPLICATION FORM**

September 2020



FUNDED BY



SASKATCHEWAN PROGRAM FOR ATHLETIC EXCELLENCE APPLICATION FORM

The purpose of the Saskatchewan Program for Athletic Excellence is to provide additional direct financial assistance to Saskatchewan's High-Performance Athletes who are carded at the national level by Sport Canada.

Please read all of the instructions below before proceeding with this application.

- In order to be eligible for the Saskatchewan Program for Athletic Excellence you must be a Saskatchewan athlete nominated and accepted for carding status under Sport Canada's Athlete Assistance Program (AAP).
- Please read the complete Saskatchewan Program for Athletic Excellence Guidelines and Criteria before proceeding with this application.

Saskatchewan Program for Athletic Excellence Application Process & Deadlines

- Athletes will apply based on your sport's carding cycle for Sport Canada's Athlete Assistance Program.
- Athletes must complete their application and submit all required documentation prior to the end of your carding cycle for your sport.
- To qualify, completed applications must be sent to:
Saskatchewan Program for Athletic Excellence
510 Cynthia Street
Saskatoon, SK S7L 7K7
jbuckle@sasksport.ca
- The application form must be completed in full.
- Once the CSCS has determined eligibility and funding allotments, the athlete will be notified in writing at the permanent address provided. Successful applicants will receive their full eligible payment at that time.



PERSONAL DATA			
First Name:		Last Name:	
Date of Birth:			
Please choose the gender you identify with:			
Male Female Prefer to Self-Describe			
Name of Sport:			
Mailing Address:			
City/Town:		Postal Code:	
Phone:		Email:	
Number of years at current address:			
Please list the Saskatchewan hometown that you want used for the purpose of promotion & recognition.			
City/Town:			
Period of Residency:		TO	

THIS SECTION IS VOLUNTARY	
Please identify your heritage.	
If you prefer not to self-identify, please move on to the next question.	
Status Non-Status Métis Inuit Prefer to Self-Describe	
Are you an individual living with a disability?	
If you prefer not to self-identify, please move on to the next question.	
Yes No Prefer to Self-Describe	

ATHLETE INFORMATION AND ELIGIBILITY	
I am applying as an athlete training in Saskatchewan:	Yes No
If no, I am applying based on one of the exceptions:	
I am training out of province as part of a formal NSO-sanctioned training program	
I cannot receive the required level of training in Saskatchewan and as a result have relocated out of the province (i.e. due to lack of facilities, coaching, competition, national team requirements)	
I am attending a post-secondary institution out-of-province	
Other extenuating circumstances that require me to be out of the province.	
Please indicate:	
I am a product of the Saskatchewan sport system because a significant and/or relevant portion of my sport development occurred while a primary resident of Saskatchewan.	
Yes No	

Are you currently registered with the Canadian Sport Centre Saskatchewan?	Yes	No
Are you currently receiving funding from any other Provincial Athlete Assistance programs? (ie. Podium Alberta, Quest for Gold Ontario Athlete Assistance Program, etc.)	Yes	No
If yes, which province?		
Have you completed the Canadian Centre for Ethics in Sport (CCES) drug awareness training?	Yes	No
Have you ever received a sanction from the CCES or the World Anti-Doping Agency (WADA)?	Yes	No
If yes, please include pertinent details below:		
Date of the WADA sanction(s):		
Are you currently serving a suspension of any kind?		

POST-SECONDARY ATHLETIC SCHOLARSHIP		
Are you receiving a Post-Secondary University Athletic Scholarship?	Yes	No
If yes, what kind?		
NCAA	Canadian Interuniversity Sport	Other:
<p><i>The Applicant will be required to acknowledge that he/she has sole responsibility for determining the possible impact accepting Saskatchewan Program for Athletic Excellence funding with respect to current or future NCAA scholarship eligibility.</i></p> <p><i>The NCAA may be contacted at: www.ncaa.org</i></p> <p>NCAA Eligibility Centre P.O. Box 7110 Indianapolis, IN 46207 1-877-262-1492</p>		

SPORT CANADA AAP HISTORY											
To be eligible to receive the Saskatchewan Program for Athletic Assistance, you must be a Sport Canada carded athlete. Please identify your carding status:											
C1	SR	S1	DEV								
How many months per year are you funded?											
1	2	3	4	5	6	7	8	9	10	11	12

DECLARATIONS AND CONSENT

I certify that:

1. The information I have provided on this grant application is true, complete and correct and I, the applicant, have personally provided it.
2. I understand that the Canadian Sport Centre Saskatchewan (CSCS) may decline this application:
 - (a) If I don't meet the guidelines for the program.
 - (b) If I have submitted any false statements or concealed a relevant or significant fact as both constitute misrepresentation.
 - (c) If I do not comply with any request for information required by the CSCS to effectively administer and maintain the integrity of the program.
3. In return for any assistance provided to me under the CSCS's Saskatchewan Program for Athletic Excellence, I agree to fulfill all training and competition commitments as set out in my NSO/Athlete Agreement.
4. I am responsible to avoid the use of banned substances and practices that contravene the rules of the World Anti-Doping Agency (WADA) and the rules of their International Federation or the Canadian Policy Against Doping in Sport.
5. I will represent Saskatchewan in a positive manner, and publicly declare support I receive through the CSCS.
6. I will make a public appearance on behalf of the CSCS and/or the Ministry of Tourism, Parks, Culture and Sport if requested to do so, at a mutually agreeable time.
7. I am solely responsible for making all necessary investigations with the National Collegiate Athletic Association (NCAA) or other athletic organizations as necessary, to determine whether receipt of assistance from the CSCS would negatively affect my status as an amateur athlete or my eligibility to receive athletic or academic scholarships. I confirm that CSCS has given me no assurances and made no representations in this regard.
8. I will not make any claims against the CSCS, Sask Sport Inc. or the Government of Saskatchewan in this regard.
9. I am solely responsible for determining whether receipt of assistance under the Saskatchewan Program for Athletic Excellence would negatively affect my eligibility for income support from other scholarships, bursaries or student financial assistance programs, disability or other pensions, social assistance programs or other income.

Name of Applicant

Signature

Date

Name of Parent or Legal Guardian
(Required if applicant is under 18)

Signature

Date

Name of Witness
(Required)

Signature

Date

AUTHORIZATION TO COLLECT AND DISCLOSE PERSONAL INFORMATION

By signing and submitting this form:

1. I authorize the CSCS to collect and disclose information about me that is necessary to verify my eligibility for the Saskatchewan Program for Athletic Excellence grant when consulting with the following third parties:
 - (a) Sask Sport Inc.;
 - (b) Province of Saskatchewan;
 - (c) Other Provincial / Territorial Governments;
 - (d) The Government of Canada, including Sport Canada's Athlete Assistance Program;
 - (e) The Canadian Centre for Ethics in Sport.
2. I authorize the CSCS to disclose, as necessary my name and contact information to my local Member of the Legislative Assembly (MLA) and authorize my MLA to collect this information.
3. I authorize the CSCS and the Province of Saskatchewan to disclose, as necessary, my personal information to the public including my name, hometown, image and list of accomplishments for the purpose of promoting the Saskatchewan Program for Athletic Excellence. I understand and agree that this information will be disclosed without charge in Saskatchewan Program for Athletic Excellence promotional materials, broadcasts, press releases, websites and other communications and publications prepared by CSCS and/or the Province of Saskatchewan.

Name of Applicant

Signature

Date

Name of Parent or Legal Guardian
(Required if applicant is under 18)

Signature

Date

Name of Witness
(Required)

Signature

Date